



Wilmington Police Department

Application Checklist

Please include the following items with your application packet in addition to the forms provided.

- City of Wilmington Employment Application (**completed and signed**)
- North Carolina Personal History Statement (**completed, signed and notarized form F-3**)
- Wilmington Police Department Personal History Waiver (**completed and notarized**)
- Wilmington Police Department Credit Inquiry Waiver (**completed and notarized**)
- Wilmington Police Department Recruiting Survey
- Copy of Birth Certificate
- Copy of NC BLET Certificate
- Copy of Diploma(s)
 - High School (**If not available, a copy of your high school transcript**)
 - GED (**A copy of your final grade must also be attached**)
 - All Colleges/Universities
- Copy of Driver's License
- Out of State Driving History (**Include a certified copy of your driving history if you possess or have possessed a driver's license from any state other than North Carolina**)
- Copy of Military Discharge Papers (**DD-214**)
- Copy of Social Security Card



CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

**NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION
TELEPHONE: (919) 716-6470**

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

PERSONAL HISTORY STATEMENT

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

FORM F-3
(Revised 4/98)

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a computer, typewriter, or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration. **THIS FORM MUST BE NOTARIZED UPON COMPLETION.**

Position(s) applied for _____

_____ Agency _____ Month _____ Day _____ Year _____

PERSONAL

1. Name _____ 2. _____ / _____ / _____ /
First Middle Last Social Security Number

Nicknames or Aliases _____

3. Present Mailing Address _____
Street & Number City County State Zip Code

Permanent Mailing Address _____
Street & Number City County State Zip Code

Telephone Number: Home _____ Work _____

4. Date of Birth _____ 5. Place of Birth _____

6. Citizenship: A. U.S. Born B. U.S. Naturalized C. Other-Specify _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical purposes only.

7. Ethnic Background

A. American Indian

B. Asian American

C. African American

D. Spanish American

E. White

F. Other

8. Sex: A. Male B. Female

9. Have you previously submitted an application for employment with this agency?

A. Yes

B. No

Approximate date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Years Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. Extension, or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

A. Yes

B. No

If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

MARITAL

12. Marital Status (Check one)

A. Single

C. Married

E. Divorced

B. Engaged

D. Separated

F. Widowed

13. Name of Spouse _____

14. List all of your children, including any adopted or stepchildren:

A. NAME	B. BIRTH DATE	C. RELATIONSHIP	D. WITH WHOM RESIDES	E. PHONE NUMBER
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency?

A. Yes B. No If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole?

A. Yes B. No If yes, give name(s) and details:

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

FROM MO.	YR.	TO MO.	YR.	ADDRESS OF RESIDENCE (Include COUNTY OF RESIDENCE)	CITY & STATE (Include Zip Code)	LANDLORD

FINANCIAL

18. What income other than salary do you have at present?

19. Are you now supporting all children born to you, adopted by you and stepchildren?

A. Yes B. No If not, give details: _____

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? A. Yes B. No If yes, give name and details: _____

21. Have you ever been sued with a civil judgment being rendered against you? A. Yes B. No
If yes, give details: _____

22. What is the total amount of all your debts at present? \$ _____

23. What is the average monthly total of all your bills, payments, and current living expenses? _____

24. List credit references, including businesses to which you make monthly payments:

A. _____ Amount Owing _____
Name of Business

_____ City and State
Street Address

B. _____ Amount Owing _____
Name of Business

_____ City and State
Street Address

C. _____ Amount Owing _____
Name of Business

_____ City and State
Street Address

D. _____ Amount Owing _____
Name of Business

_____ City and State
Street Address

E. _____ Amount Owing _____
Name of Business

_____ City and State
Street Address

WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency?

Yes

No

If yes, list agency name and give details:

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:_____

27. Do you object to wearing a uniform?

A. Yes

B. No

28. Do you object to working nights?

A. Yes

B. No

29. Do you object to working rotating shifts?

A. Yes

B. No

30. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

A. Yes

B. No

31. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving _____

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving _____

C. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving _____

D. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving _____

E. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
Employer _____ Address _____
Duties _____

Reason for leaving _____

MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? Yes No

QUESTIONS 33 THRU 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

34. What was the highest rank that you held? _____

35. What was the date and location of your first entrance into active duty?

Date: _____ Location: _____

36. What were your unit assignments in the service?

Branch	Unit (Company or Ship)	Location	From Mo/Yr	To Mo/Yr

37. What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

38. Was your last discharge honorable? Yes No

If No, was it characterized as bad conduct or dishonorable ?

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.), **or any other disciplinary action** while a member of the armed forces? Yes No

If yes, explain below: _____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

41. List all medals and decorations awarded you during your military service:

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: _____

USE OF ALCOHOL OR DRUGS

NOTE: In questions 43, 44, 45, and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.) _____

43. Do you drink alcoholic beverages? Yes No If yes, to what degree? _____

44. Have you ever used marijuana? Yes No If yes, what were the circumstances? _____

When was the last time? _____

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes No If yes, what were the circumstances? _____

When was the last time? _____

46. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes No If yes, please explain the circumstances: _____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding at least 15 mph over limit to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “Yes.” You should answer “No,” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? Yes No If “Yes,” please give details:

- A. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____
- B. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____
- C. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____

(Attach extra sheets if necessary)

48. Have you been charged with or convicted of a felony? A. Yes B. No
If yes, give details: _____

49. Have you ever been placed on probation? A. Yes B. No
If yes, give details: _____

50. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?
A. Yes B. No
If yes, give details: _____

51. Can you operate a motor vehicle? A. Yes B. No

52. Do you possess a valid driver's license from the State of North Carolina?
A. Yes B. No
Driver's License Number _____ Year Issued _____

53. Do you possess a driver's license issued by and state other than North Carolina?
A. Yes B. No
If yes, give state and number _____

54. Was your license ever suspended or revoked? A. Yes B. No
If yes, state which and give reasons: _____

55. Was your license ever restored? A. Yes B. No
When? _____

56. Have your driving privileges ever been restricted? A. Yes B. No
If yes, give details: _____

CAREER OBJECTIVES

57. Briefly explain your reasons for applying for this position:

58. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

59. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

60. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

This the _____ day of _____, 20____

Subscribed and sworn to before me,

This the _____ day of _____, 20____

(Signature in Full)

Notary Public (Official Seal)

My Commission Expires

_____, 20____

Wilmington Police Department

Credit Inquiry Waiver

Authority for Release Financial Information And Agreement Not To Sue (TransUnion or Other Credit Reporting Agency)

I have applied with the Wilmington North Carolina Police Department. I hereby consent to the City of Wilmington, North Carolina and the Wilmington Police Department, for the purpose of determining my suitability for employment or continued employment, conducting an investigation into my financial and credit history including a credit report from TransUnion or other credit-reporting agency. I hereby authorize and direct any person, firm, corporation, educational institution, government agency, or other entity holding any financial or credit information or record about me to release such information.

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release, exonerate, discharge, and agree forever to refrain from bringing suit or proceedings at law or equity for any claim or suit for damages against all persons, firms, corporations, educational institutions, government agency, or other entities, their employees and agents, whether or not named herein, for release whether directly or indirectly, of any financial or credit information or record, whether substantiated, accurate or not, and the City of Wilmington, North Carolina and the Wilmington Police Department, all employees and agents thereof, for obtaining, using, and releasing any such financial record or information, whether substantiated, or accurate, or not.

Date

Applicant's Signature

Applicant's Social Security Number

Applicant's Printed Name

State of

County of

Before me personally appeared _____, and did execute the foregoing instrument in my presence on _____ day of _____, 20 ____.

My Commission Expires

Notary Public

Wilmington Police Department

Personal Inquiry Waiver

Authority for Release of Information

I hereby authorize full disclosure to the Wilmington Police Department of all information concerning me, requested for the purpose of determining my qualification and fitness for employment by the Wilmington Police Department. This may include, but is not limited to, my work record, military service record, school record, financial and credit status, general reputation, medical reports (including drug screening), and psychological reports of any type regardless of their otherwise confidential nature.

I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the Wilmington Police Department will not reveal to me the nature or contents of any confidential reports received.

Date

Applicant's Signature

Applicant's Social Security Number

Applicant's Printed Name

State of _____

County of _____

Before me personally appeared _____, and did execute the foregoing instrument in my presence on _____ day of _____, 20 ____.

My Commission Expires

Notary Public

Wilmington Police Department

Recruiting Survey

To insure that we are contacting as many qualified applicants as possible we continually update our recruiting methods. To help us in this attempt please take a few moments to complete the following survey and return it with your completed application.

How did you receive your information concerning employment opportunities with the Wilmington Police Department?:

☐ Employment Security Commission Posting

☐ Friend / Relative

☐ Job Fair

Location: _____ Date: _____

☐ Internet

☐ Newspaper Advertisement

City / Name: _____

☐ Professional Association

Name: _____

☐ Professional Journal

Name: _____

☐ Radio Advertisement

City / Station: _____

☐ Television Advertisement

City / Channel: _____

☐ City of Wilmington Job Information Line

☐ City of Wilmington Human Resources' Office Posting

☐ Other: _____

Date Survey Completed: _____